

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) DAVID BROWNING

Name

(2) 3056 D Rd

Address (number and street)

Loxahatchee Groves, FL

City, State, Zip Code

33470

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate (office sought):

Town Council Seat 4

☐ Political Committee

☐ CHECK IF PC HAS DISBANDED

☐ Committee of Continuous Existence

☐ CHECK IF CCE HAS DISBANDED

☐ Party Executive Committee

☐ Electioneering Communication

☒ CHECK IF NO OTHER ELECTIONEERING
COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 3 / 11 / 16 To 5 / 20 / 16 Report Type TR

☒ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0

Loans \$ 0

Total Monetary \$ 0

In-Kind \$ 0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 1130.92

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 1740

(10) TOTAL Monetary Expenditures To Date

\$ 1740

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

SHARYN BROWNING

☐ Individual (only for electioneering commun.)

☒ Treasurer

☐ Deputy Treasurer

X Sharyn Browning

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

DAVID BROWNING

☒ Candidate

☐ Chairperson (only for PC, PTY & electioneering commun. organization)

X David Browning

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DAVID BROWNING

(2) I.D. Number _____

(3) Cover Period 3 / 11 / 16 through 5 / 20 / 16

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
5/16/16	ALERTS PO BOX 212681 Royal Palm Beach FL 33411	donation	MON		130.92
1					
5/29/16	BROWNING, DAVID 3056 D Rd Loxahatchee Groves FL 33470	reimburse loan	DIS		1000.00
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DAVID BROWNING

(2) I.D. Number _____

(3) Cover Period 3 / 11 / 16 through 5 / 20 / 16

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							